FEC

STATEMENT OF

| FORM 1 | ORGANIZAT | TON | | |
|-------------------------------|--|---|--------------|---------------------------------|
| i Oitiwi i | (See instructions) | | | Office use only |
| NAME OF COMMITTEE (in f | (Check if name is changed) | Example: If typying, type over the lines | 12FE4M5 | 1 1 |
| CABLEVISION | SYSTEMS CORPORATION POLITIC | CAL ACTION COMMITT | EE | |
| | | | | |
| ADDRESS (number and s | treet) 1111 STEWART AVENU | E | | |
| (Check if address is changed) | | | | |
| | BETHPAGE | | LNY L | 11714 - |
| | Cl | TY▲ | STATE▲ | ZIP CODE 📥 |
| COMMITTEE'S E-MAI | ADDRESS (Please provide only one e-mail | l address) | | |
| (Check if address is changed) | llosinsk@cablevision.c | om | | |
| | | | | |
| COMMITTEE'S WEB I | PAGE ADDRESS (URL) | | | |
| (Check if address is changed) | 1 | | | |
| | 1 | | | |
| | | | | |
| 2. DATE 0.3 | 7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| 3. FEC IDENTIFICA | TION NUMBER C | C00197863 | | |
| 4. IS THIS STATEM | ENT X NEW (N) OR | AMENDED (A) | | |
| | | | | |
| I certify that I have examin | ned this Statement and to the best of my knowled | dge and belief it is true, correct a | and complete | |
| Type or Print Name of | reasurer Elizabeth Losinski | | | |
| Signature of Treasurer | Electronically Filed by Elizabeth Los | sinski | Date 03 | / 25 / YYYY |
| NOTE: Submission of fal | se, erroneous, or incomplete information may sul | | · | - |
| Office Use Only | | For further information Federal Election Commi Toll Free 800-424-9530 | | FEC FORM 1 (Revised 02/2009) |